

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Jeffrey Lashley B/C# 895-170-1069

Write the full name of each plaintiff.

No. **18 CV 4703**
(To be filled out by Clerk's Office)

-against-

Officer Hall # 12404
New York City Department of Corrections

COMPLAINT
(Prisoner)

Do you want a jury trial?

☐ Yes ☒ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Tellus Lashley
First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

B/C# 895-170-1069 / NYSID# 120106652

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

GRVC / Rikers Island

Current Place of Detention

09-09 - Hazen street E
Institutional Address

East Elmhurst NY 11370
County, City State Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

- ☒ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☐ Convicted and sentenced prisoner
☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

First Name

Last Name

Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City

State

Zip Code

Defendant 2:

First Name

Last Name

Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City

State

Zip Code

Defendant 3:

First Name

Last Name

Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City

State

Zip Code

Defendant 4:

First Name

Last Name

Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City

State

Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: Manhattan Detention Center / Housing Unit (U/W) Cell (9L)

Date(s) of occurrence: January, 28, 2018

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

on the above date (January, 28, 2018) at approx 1:00-1:25 AM I was in my cell using the rest room standing at the toilet. However while I was retrieving tissue to dry off my penis officer Hall # 12404 opened my cell door and "Sexually Assaulted" me by grabbing my penis stating that "I have a big Black Cock". However I moved away very fast and ran past her and started screaming for help, at which that Priest Carlin Camacho came and asked me what happened, I explained to her what happen and she took me to the Clinic to be seen, and however I was given pain medications (Naxosone 500mg x2 a day for 7 days) for the pain that was caused in my penis. Then the next day on 1/29/18 I was seen by mental Health and diagnosed with depression, the same day on 1/29/18 I contacted the NYS Inspector General and made a complaint at 10:20 AM, at 10:30 AM I was seen in the Clinic again for sick call to check up on the pain in my penis, at 10:45 I called (311) and reported

the incident and I received a Complaint # C-1-1-1519406828, at 11:05am I then contacted Board of Corrections and informed them of the incident, and I also filed an Institutional Grievance and received "no" response as of this date.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I was diagnosed with depression and I have also been traumatized by this incident, I also have gained pain in my back from the way officer Hall 12404 grabbed my back. I also suffer from bad memories from that date and locations from that incident.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I'm requesting for a monetary settlement of \$1,250,000.00 and I'm requesting for a restraining order and I will also like to Press Charges against officer Hall # 12404.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

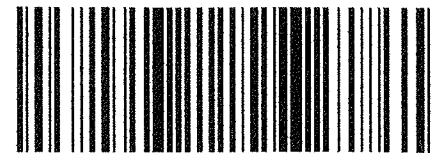
Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

5/1/2018
 Dated _____
[Signature]
 Plaintiff's Signature _____
Jeffrey
 First Name Middle Initial Last Name
04-04 Hazen Street
 Prison Address _____
East Elm Street NY 11370
 County, City State Zip Code

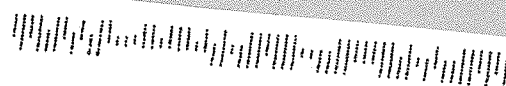
Date on which I am delivering this complaint to prison authorities for mailing: 5/2/18

Jeffrey Lashley Blc# 895-170-1069
09-09 Hazen Street
East Elmhurst, NY 11370

CERTIFIED MAIL®



7014 3490 0000 1699 3008



RECEIVED
MAY 23 2018
U.S. MARSHALS SERVICE

RETURN RECEIPT REQUESTED

PS
25 22

RECEIVED
MAY 22 2018
CLERK'S OFFICE

RETURN RECEIPT REQUESTED



RECEIVED
CLERK'S OFFICE
S.D.N.Y.
2018 MAY 25 PM 12:35

Clark of the Court
U.S. District Court
Southern District of New York
500 Pearl Street, NY, NY 1000

Legal Mail